



CABINET FOR HEALTH SERVICES
COMMONWEALTH OF KENTUCKY
FRANKFORT, 40621-0001



DEPARTMENT FOR MEDICAID SERVICES
"An Equal Opportunity Employer M/F/D"

November 25, 2003

Home Health Provider Letter # A-95

Dear Home Health Provider:

This letter is to inform you of a few minor procedural changes to home health prior authorizations. Effective December 1, 2003, providers shall begin using the newly revised home health prior authorization fax-form when requesting home health services with National Health Services (NHS). The revision date to this fax-form is November 2003. Providers shall destroy all copies of the previous fax-form, as NHS will not process requests from previous versions beginning December 15, 2003. A copy of the revised fax-form is enclosed. Future copies of the fax-form should be obtained from the Department for Medicaid Services (DMS) web site at <http://chs.ky.gov/dms/>. Once on the site, providers should click on Services & Information and then scroll down and click on Home Health Services; then find and click on HH PA FAX-FORM. This will automatically take you to a printable version of the fax-form.

Should additional space be needed to request services and/or supplies, the provider shall indicate within the appropriate section of the fax-form that additional information is attached via another sheet. *Please be advised that DMS instructed NHS to not process any submitted fax-form that is illegible and/or incomplete*

Additionally, in order to assist the provider community, DMS is changing the time limit for home health providers to obtain retro-active prior authorization, after Medicaid eligibility is determined, from 14 days of the issuance date to 30-days from the issuance date.

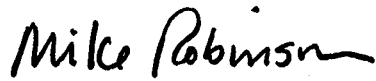
For example, A home health agency receives a referral to provide skilled nursing and home health aide services to a pending Medicaid individual. On November 10, 2003, the agency agrees on good faith to provide the services and advises the individual that they will periodically be in contact to verify the receipt of the medical card. The agency also advises the individual to report when the medical card is received. The medical card is issued on November 26, 2003 and the provider will have until December 25, 2003 to provide a copy of the medical card to NHS and obtain the appropriate retro-active prior authorization.

"...promoting and safeguarding the health and wellness of all Kentuckians."



DMS appreciates the continuing cooperation from all Home Health providers. Should there be questions regarding this letter or home health policy, including PA procedures, providers may contact Craig Cooper at (502) 564-5560 or by email at Craig.Cooper@mail.state.ky.us.

Sincerely,

A handwritten signature in black ink that reads "Mike Robinson". The signature is written in a cursive, flowing style.

Mike Robinson
Commissioner

MR/cc/ih

Enclosure